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#### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT ₩ over the lines American Hospital Association PAC 325 Seventh Street, NW ADDRESS (number and street) Suite 700 Check if different than previously Washington DC 20004 reported. (ACC) FEC IDENTIFICATION NUMBER STATE. ZIPCODE 🛋 CITY A IS THIS NEW **AMENDED** C00106146 Х REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Χ Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: **Termination Report** (TER) in the Election on State of 02 0 1 2007 02 28 2007 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Ms. Melinda Hatton Type or Print Name of Treasurer Electronically Filed by Ms. Melinda Hatton 03 19 2007 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 02/2003) Only

#### **SUMMARY PAGE**

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name American Hospital Association PAC <sup>®</sup> D " D 0 2 0.2 28 0 1 2007 2007 Report Covering the Period: From: To: **COLUMN A COLUMN B This Period** Calendar Year-to-Date (a) Cash on Hand <sup>°</sup>2007 1038787.58 January 1 (b) Cash on Hand at 992061.83 Begining of Reporting Period ..... 24305.69 103554.89 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 1016367.52 1142342.47 6(a) and 6(c) for Column B) ..... 63307.82 189282.77 7. Total Disbursements (from Line 31) ...... Cash on Hand at Close of Reporting Period 953059.70 953059.70 (subtract Line 7 from Line 6(d)) ..... 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

#### For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

#### DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name
American Hospital Association PAC

Report Covering the Period:

From:

м м 0 2 <sup>D</sup> 0 1

<sup>Y</sup> 2007

то.

м м 0 2 D 2 B

<sup>Y</sup> 2007

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From:     (a) Individuals/Persons Other		
Than Political Committees (i) Itemized (use Schedule A)	6421.12	23321.12
(ii) Unitemized	2545.43	10632.71
(iii) TOTAL (add Lines 11(a)(i) and (ii)	8966.55	33953.83
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	0.00	5000.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	8966.55	38953.83
Transfers From Affiliated/Other     Party Committees	15000.00	63900.00
3. All Loans Received	0.00	0.00
Loan Repayments Received      Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made     to Federal candidates and Other     Political Committees	0.00	0.00
7. Other Federal Receipts (Dividends, Interest, etc.)	339.14	701.06
8. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	24305.69	103554.89
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	24305.69	103554.89

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1.	Operating Expenditures: (a) Shared Federal/Non-Federal	-	
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating		
	Expenditures	307.82	532.77
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	307.82	532.77
2.	Transfers to Affiliated/Other Party		
	Committees	0.00	0.00
3.	Contributions to Federal Candidates/Committees		
	and Other Political Committees	63000.00	188500.00
4.	Independent Expenditure (use Schedule E)	0.00	0.00
5.	Coordinated Expenditures Made by Party		
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
7	Loans Made	0.00	0.00
	Refunds of Contributions To:	0.00	0.00
	(a) Individuals/Persons Other Than Political Committees	0.00	250.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees		
	(such as PACs)	0.00	0.00
	(d) Total Contribution Refunds	0.00	050.00
	(add Lines 28(a), (b), and (c))	0.00	250.00
9.	Other Disbursements	0.00	0.00
0.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	2.22
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely	0.00	0.00
	With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	63307.82	189282.77
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) from Line 30(a)(ii)		

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	8966.55	38953.83
34. Total Contribution Refunds (from Line 28(d))	0.00	250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8966.55	38703.83
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	307.82	532.77
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	307.82	532.77

S	CHEDULE A (FEC Form 3X)		Llas congreta achadula(a)	FOR LINE NUMBER: PAGE 6 / 39
ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)	
•••	EIVIIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	ny information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Ms. Laura Caramanica			Date of Receipt
	Mailing Address 5 Virginia Lane		7: 0 1	02 01 2007
	City	State	Zip Code	Transaction ID: 13677064
	Unionville	СТ	06085-1140	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Hartford Hospital	Occupation Vice Pres	n sident Nursing	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	
	Other (specify) ▼	0 0		
В.	Full Name (Last, First, Middle Initial) Mr. David Marshall			Date of Receipt
	Mailing Address 1319 Walhni Street			0 2 0 1 2 0 0 7
	City	State	Zip Code	Transaction ID: 13677065
	Galveston	TX	77555-0001	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		500.00
	Name of Employer	Occupation	n	
	Name of Employer University of Texas Medic- al Branch Hos	Assistant	Vice President & Chief Nur	si
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
	Other (specify)	0 0		
C.	Full Name (Last, First, Middle Initial) Ms. Katherine B. Harris			Date of Receipt
	Mailing Address 4108 Meinning Road			0 2 0 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13677066
	Berthoud	CO	80513-8579	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer Banner Health, Western Re-	Occupation		
	gion		Vice President, Clinical Ser	v
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	' '	250.00	
	Outer (Specify) \		0 0 0 0 0 0	1
				1000.00
S	UBTOTAL of Receipts This Page (optional)		······	1000.00
Т	OTAL This Period (last page this line number of	nnlv)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 7/39
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or	ly information copied from such Reports and Statem for commercial purposes, other than using the name	ents may and add	rnot be sold or used by any perso Iress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		71	
$ \rangle$	American Hospital Association PAC			
	7 interiodir i roopital 7 loopital en 17 lo			
_	Full Name (Last, First, Middle Initial)			
A.	Ms. Rosemary Ann Roth			Date of Receipt
	Mailing Address 237 Forgham Road			0 2 0 1 2 0 0 7
	City	Ctata	7in Codo	
	•	State NY	Zip Code	Transaction ID: 13677067
		N Y	14616-3334	Amount of Each Receipt this Period
	FEC ID number of contributing	כ  <u>'</u>		500.00
	federal political committee.			
	Name of Employer Rochester General Hospital	ccupation	1	
	Hochester General Hospital Di	irector S	Surgical Services	
	Receipt For: A	ggregate	Year-to-Date ▼	
	Primary General	-	500.00	1
	Other (specify) ▼		500.00	
В.	Full Name (Last, First, Middle Initial) Ms. Pamela T. Rudisill			Date of Receipt
Ь.				<u> </u>
	Mailing Address 17225 Royal Court Dr.			02 01 2007
	City	State	Zip Code	Transaction ID: 13677068
	•	NC	28036-7843	Amount of Each Receipt this Period
	FFO ID words and contribution			
	federal political committee.	C  .		250.00
	Lake Norman Regional Medi-	ccupation		
	cal Center As		Executive Director	
		ggregate	Year-to-Date ▼	
	Primary General		250.00	
	Other (specify)	1 1		
_	Full Name (Last, First, Middle Initial)			+
C.	Ms. Michelle Janney			Date of Receipt
	Mailing Address 1828 W. Long Valley Road			M " M   / D " D   / Y " Y " Y " Y
				02 01 2007
	•	State	Zip Code	Transaction ID: 13677069
	Glenview	<u> L</u>	60025-5042	Amount of Each Receipt this Period
	FEC ID number of contributing		• • • • • •	250.00
	federal political committee.	<b>-</b>		
	Name of Employer Oo	ccupation	1	7
	Northwestern Memorial Hos-		Nurse Executive	
	pitai		Year-to-Date ▼	
	Primary General			1
	Other (specify)		250.00	
_				<u> </u>
	•			
s	UBTOTAL of Receipts This Page (optional)			1000.00
$\vdash$			<b>-</b>	
т	OTAL This Period (last page this line number only)			

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 8 / 39
	· · · · · · · · · · · · · · · · · · ·		Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
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Ar	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	ame and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Hospital Association PAC			
$\angle$				
Α.	Full Name (Last, First, Middle Initial) Ms. Kathleen D. Sanford, RN, DBA			Date of Receipt
۸.	Mailing Address 2659 Syracuse Court			M M / D D / Y Y Y Y
	2003 Cyracase Court			02 01 2007
	City	State	Zip Code	Transaction ID: 13677070
	Denver	CO	80238-2421	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		500.00
	Name of Canalassas	10		_
	Name of Employer Catholic Health Initiativ-	Occupation	ce President & CNO	
	es Receipt For:		Year-to-Date $\nabla$	_
	Primary General	Aggregate	Teal to Bate V	,
	Other (specify)		500.00	
				1
_	Full Name (Last, First, Middle Initial)			
В.	Ms. Joan Clark			Date of Receipt
	Mailing Address 8196 SW 180th Street			M M / D D / Y Y Y Y
	City	Ctoto	Zip Code	02 01 2007
	Village Of Palmett	State FL	•	Transaction ID: 13677071
	•	1 -	33157-6179	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Toderal political committee.			
	Name of Employer Baptist Hospital of Miami	Occupation		
	Baptist Hospital of Ivilatili	1	rsing Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	' '	500.00	1
	Other (specify)	1 1	000.00	
_	Full Name (Last, First, Middle Initial)			
C.	Ms. Linda Q. Everett			Date of Receipt
	Mailing Address 3045 Forest Ridge Drive	NE		M M / D D / Y Y Y Y
				02 12 2007
	City	State	Zip Code	Transaction ID: 13726477
	Iowa City	IA	52240-7908	Amount of Each Receipt this Period
	FEC ID number of contributing	С		500.00
	federal political committee.			
	Name of Employer University of Iowa Hospit-	Occupation	1	
	University of Iowa Hospit- als and Clini	Chief Nur	rsing Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify)		500.00	
_				
				1500.00
S	UBTOTAL of Receipts This Page (optional)		······································	1300.00

TOTAL This Period (last page this line number only) .....

S	SCHEDULE A (FEC Form 3X)  Use separate schedule(s)			FOR LINE NUM	
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Ar	y information copied from such Reports and Sta for commercial purposes, other than using the i	atements may name and add	not be sold or used by any persol dress of any political committee to:	n for the purpose o solicit contributions	of soliciting contributions s from such committee.
	NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , , ,		
$  \rangle$	American Hospital Association PAC				
	7 in order Floopital 7 lood attor 17 lo				
_	Full Name (Last, First, Middle Initial)				
A.	Mr. Paul F. Pendergast			Date of Rece	eipt
	Mailing Address 95 Woodland Street			0 2	12 2007
	City	State	Zip Code		
	Hartford	CT	06105-1230		ID: 13727004
		01	00103-1230	Amount of Ea	ach Receipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Saint Francis Care, Inc.	Occupation			
			t & Chief Development Office	er	
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼	' '	250.00		
	Other (specify)	0 0			
_	Full Name (Last, First, Middle Initial)				
В.				Date of Rece	eipt
	Mailing Address Brewster Road				D D / Y Y Y Y
				02	12 2007
	City	State	Zip Code	Transaction	ID: 13727005
	Bristol	CT		Amount of Ea	ach Receipt this Period
	FEC ID number of contributing	С			500.00
	federal political committee.				
	Name of Employer Bristol Hospital	Occupation	า	7	
	Bristol Hospital	President	t and Chief Executive Officer		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		500.00		
	Other (specify)		300.00		
	Full Name (Leat First Middle Initial)				
C.	Full Name (Last, First, Middle Initial) Ms. Nancy Foster			Date of Rece	eipt
	Mailing Address 10005 Leafy Avenue				D D / Y Y Y Y
				02	20 2007
	City	State	Zip Code	Transaction	ID: 13769742
	Silver Spring	MD	20910-1021	Amount of Ea	ach Receipt this Period
	FEC ID number of contributing	С			500.00
	federal political committee.				000.00
	Name of Employer American Hospital Associa-	Occupation	า		
	American Hospital Associa- tion-Washingt	Vice Pres	sident, Quality & Patient Safe	:	
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		500.00		
	Other (specify) ▼		300.00		
					1250.00
Ls	UBTOTAL of Receipts This Page (optional)		······		1200.00
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Į T	OTAL This Period (last page this line number of	niy)	<b>&gt;</b>		

0	CHEDIII E A /EEC Earm 2V)			FOR LINE NUMBER: PAGE 10/39
	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS			or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Δr	y information copied from such Reports and St	atomonte may	y not be sold or used by any pers	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	osolicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$  \rangle$	American Hospital Association PAC			
	·			
	Full Name (Last, First, Middle Initial)			
Α.	Dr. Janis Kohlbrenner			Date of Receipt
	Mailing Address 103 Thorndike Lane			02 20 2007
	O'th .	C1-1-	7:- Cada	
	City	State	Zip Code	Transaction ID: 13769747
	Minoa	NY	13116-1127	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.			
	Name of Employer	Occupation	า	
	St. Joseph's Hospital Hea- lth Center	Vice Pres	sident, Clinical Services & C	:N
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General			7
	Other (specify) ▼		250.00	
				_
	Full Name (Last, First, Middle Initial)			
В.	Mr. Dwight L. Fine			Date of Receipt
	Mailing Address 12675 Riviera Heights	Road		02 20 YYYY 20 2007
	011	01-1-	7'- 0-4-	
	City	State	Zip Code	Transaction ID: 13781200
	Holts Summit	MO	65043-2039	Amount of Each Receipt this Period
	FEC ID number of contributing	С		111.12
	federal political committee.			
	Name of Employer Missouri Hospital Associa-	Occupation	<u> </u>	
	Missouri Hospital Associa- tion	Sr. Vice I	President, Government Rela	atio
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		000.04	1
	Other (specify)		222.24	
_	Full Name (Last, First, Middle Initial)			
C.	Mr. Richard E. Meiers			Date of Receipt
	Mailing Address 908 Hokulani Street			02 26 2007
	City	State	Zip Code	Transaction ID: 13820560
	Honolulu	HI	96825-1021	Amount of Each Receipt this Period
			30023-1021	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	rederal political committee.			
	Name of Employer Healthcare Association of	Occupation	n	
	Healthcare Association of Hawaii	President		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	7
	Other (specify)		300.00	1
_				
١.				861.12
Ls	UBTOTAL of Receipts This Page (optional)			001.12
T	OTAL This Period (last page this line number of	only)		

S	CHEDULE A (FEC Form 3X)		Llac concrete achadula(a)	FOR LINE NUMBER: PAGE 11/39					
ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)						
•••	LIVIIZED RECEIP 13		Detailed Summary Page	X   11a   11b   11c   12					
				13 14 15 16 17					
or	y information copied from such Reports and S for commercial purposes, other than using the	name and add	r not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.					
Λ	NAME OF COMMITTEE (In Full)								
	American Hospital Association PAC								
A.	Full Name (Last, First, Middle Initial) Ms. Elizabeth T. Beaudin, RN, MS, CN			Date of Receipt					
	Mailing Address 69 Day Street			02 26 7 2007					
	City	State	Zip Code	Transaction ID: 13824047					
	Granby	СТ	06035-2901	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		250.00					
	Name of Employer Connecticut Hospital Asso- ciation	Occupation Director,	n Nursing & Work Force Initia	at					
	Receipt For:	Aggregate	Year-to-Date ▼						
	Primary General Other (specify) ▼		250.00						
— В.	Full Name (Last, First, Middle Initial) Dr. Carol A. Watson, Ph.D., RN			Date of Receipt					
	Mailing Address 701 10th Street, SE			02 26 2007					
	City	State	Zip Code	Transaction ID: 13824049					
	Cedar Rapids	IA	52403-1292	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		500.00					
		Occupation Sr. Vice I	President, Clinical Services						
	federal political committee.  Name of Employer Mercy Medical Center  Receipt For:	Occupation Sr. Vice I							
	Name of Employer Mercy Medical Center	Occupation Sr. Vice I	President, Clinical Services						
	federal political committee.  Name of Employer Mercy Medical Center  Receipt For: Primary General	Occupation Sr. Vice I	President, Clinical Services Year-to-Date						
c.	federal political committee.  Name of Employer Mercy Medical Center  Receipt For:  Primary General  Other (specify) ▼  Full Name (Last, First, Middle Initial)	Occupation Sr. Vice I	President, Clinical Services Year-to-Date	500.00					
c.	federal political committee.  Name of Employer Mercy Medical Center  Receipt For:  Primary General  Other (specify) ▼  Full Name (Last, First, Middle Initial)  Mr. Alexander R. White, Jr.  Mailing Address PO Box 15587  City	Occupation Sr. Vice I	President, Clinical Services Year-to-Date	Date of Receipt					
C.	federal political committee.  Name of Employer Mercy Medical Center  Receipt For:  Primary General  Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Alexander R. White, Jr.  Mailing Address PO Box 15587	Occupation Sr. Vice I Aggregate	President, Clinical Services Year-to-Date ▼ 500.00	Date of Receipt    M					
C.	federal political committee.  Name of Employer Mercy Medical Center  Receipt For:  Primary General  Other (specify) ▼  Full Name (Last, First, Middle Initial)  Mr. Alexander R. White, Jr.  Mailing Address PO Box 15587  City	Occupation Sr. Vice I Aggregate	President, Clinical Services Year-to-Date ▼  500.00  Zip Code	Date of Receipt    M					
C.	federal political committee.  Name of Employer Mercy Medical Center  Receipt For:  Primary General  Other (specify) ▼  Full Name (Last, First, Middle Initial)  Mr. Alexander R. White, Jr.  Mailing Address PO Box 15587  City  Austin  FEC ID number of contributing federal political committee.  Name of Employer American Hospital Association	Occupation Sr. Vice I Aggregate  State TX  C  Occupation AHA Reg	President, Clinical Services Year-to-Date ▼  500.00  Zip Code 78761-5587	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
 C.	federal political committee.  Name of Employer Mercy Medical Center  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Alexander R. White, Jr.  Mailing Address PO Box 15587  City Austin  FEC ID number of contributing federal political committee.  Name of Employer American Hospital Association  Receipt For:	Occupation Sr. Vice I Aggregate  State TX  C  Occupation AHA Reg	President, Clinical Services Year-to-Date ▼  500.00  Zip Code 78761-5587	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
<b>C</b> .	federal political committee.  Name of Employer Mercy Medical Center  Receipt For:  Primary General  Other (specify) ▼  Full Name (Last, First, Middle Initial)  Mr. Alexander R. White, Jr.  Mailing Address PO Box 15587  City  Austin  FEC ID number of contributing federal political committee.  Name of Employer American Hospital Association	Occupation Sr. Vice I Aggregate  State TX  C  Occupation AHA Reg	President, Clinical Services Year-to-Date ▼  500.00  Zip Code 78761-5587	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
	federal political committee.  Name of Employer Mercy Medical Center  Receipt For:  Primary General  Other (specify) ▼  Full Name (Last, First, Middle Initial) Mr. Alexander R. White, Jr.  Mailing Address PO Box 15587  City  Austin  FEC ID number of contributing federal political committee.  Name of Employer American Hospital Association  Receipt For:  Primary General	State TX  C  Occupation Aggregate  State Aggregate  Aggregate	President, Clinical Services Year-to-Date ▼  500.00  Zip Code 78761-5587  Tional Executive for TX Year-to-Date ▼  237.69	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					

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PAGE 12/39 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Date of Receipt Ms. Carol Hergenhan Mailing Address 7600 Central Avenue 26 02 2007 City State Zip Code Transaction ID: 13824590 Philadelphia PA 19111-2442 Amount of Each Receipt this Period FEC ID number of contributing 250.00 C federal political committee. Name of Employer Jeanes Hospital Occupation Trustee Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Nemuel O Artiles, , FACHE Date of Receipt Mailing Address Post Office Box 10011 0 2 12 2007 City State Zip Code Transaction ID: 13869060 Guayama PR 00785-4011 Amount of Each Receipt this Period FEC ID number of contributing C -250.00 federal political committee. Name of Employer Hospital Episcopal Cristo Occupation **Executive Director** Redentor Receipt For: Aggregate Year-to-Date ▼ Primary General **Bounced Check** 

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State: CA District: 31									
Full Name (Last, First, Middle Initial)  Friends Of Roy Blunt					<b>ion ID:</b> isburse	137534 ement	195		
Mailing Address PO Box 50100				2 M	/ D 1	<sup>D</sup> 6	Y Y	0 ŏ 7	Υ
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Mailing Address 10 G Street Ne, Suite 47	0		0	2 <sup>M</sup>	/ D 1	<sup>D</sup> /	ž	0 ŏ 7	Υ
City Washington	State Zip Code DC 20002		Am	ount c	f Each	Disburs	ement	this P	eriod
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Candidate Name Rep. Michael C. Burgess, M.D.		Category/ Type	
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B. Herseth For Congress			Transaction ID: 13754267  Date of Disbursement
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City Sioux Falls	State Zip Code SD 57101		Amount of Each Disbursement this Period
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۸.	Paul Hodes For Congress							of Di	sburs		nt / T	′ Y	Y	Y
	Mailing Address 26 South Main Street, #	253					ຶ່ 2		2	2 2	L	2	οŏ	7
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	Candidate Name Rep. Paul W. Hodes		Ca	ate	gory/ pe									
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	State: NH District: 2 Full Name (Last, First, Middle Initial)													
В.	Earl Pomeroy For Congress					D	ate o	f Di	on ID sburs	eme				_
	Mailing Address P.O. Box 9336						2	И .	D	26	/ L	ž	0 ŏ 7	7 <sup>Y</sup>
	City Fargo	State Zip Code ND 58106				A	nour	nt o	Each	n Dis	burse	-		Period
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	Mailing Address P.O. Box 874						2	M .	D 2	26	/ Y	ž	οŏ	7 <sup>Y</sup>
	City Tupelo	State Zip Code MS 38802				A	nour	nt o	Each	n Dis	burse	men	t this I	Period
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۸.	Kirk For Congress					M	of Di	sburse		Υ	YY	Υ
	Mailing Address P.O. Box 8					0 2	_	2	2 <b>6</b>		ž o ŏ 7	7
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В.	Walsh For Congress Committee					Date		sburse	ement	33815	v · v ·	V
	Mailing Address 306 Winkworth Parkway	,				0 2	IVI .	້ 2	2 <b>6</b>		ž 0 ŏ 7	7
	City Syracuse	State Zip Code NY 13215				Amou	int of	f Each	Disbu	ırseme		
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	Candidate Name Rep. James T. Walsh				egory/ ype							
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C.	Full Name (Last, First, Middle Initial) Solis For Congress					_		on ID: sburse		33802		
	Mailing Address 6380 Wilshire Blvd. #16	12				0 <sup>M</sup> 2	М	<sup>D</sup> 2	2 <b>6</b>	Y	ž o ŏ 7	7 <sup>Y</sup>
	City Los Angeles	State Zip Code CA 90048				Amou	int of	f Each	Disbu	ırseme	nt this	Period
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	Candidate Name Rep. Hilda L. Solis				egory/ ype							
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	Mailing Address Post Office Box 93656					0 2			26		žoŏ	7
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	Full Name (Last, First, Middle Initial)					Trans	ant.	ion ID	. 120	33809		
C.	Tammy Baldwin For Congress							isburs				
	Mailing Address P.O. Box 696					0 <sup>M</sup> 2	М	/ D2	26	Y	žoŏ	7 <sup>Y</sup>
	City Madison	State Zip Code WI 53701				Amou	ınt o	f Each	Disb	urseme	nt this	Period
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Α.	Full Name (Last, First, Middle Initial) Sam Farr for Congress							Trans Date		-	-		790			
	Mailing Address 1010 S Street							0 <sup>M</sup> 2	М	/ [	2 6	) }	Y	ž 0 Ŏ	7 <sup>Y</sup>	
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	City Des Moines	State IA	Zip Code 50309					Amou	unt o	f Ea	ch D	isbur		nt this		7
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	Candidate Name Rep. Leonard L. Boswell			C		egory/ /pe										
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C.	Melissa Bean For Congress							Trans Date		isbu	rsem	nent		v v	V	
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Loebsack For Congress			Date of	ction ID: 13 Disburseme	ent		
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City Iowa City	State Zip Code IA 52240		Amount	of Each Di	sbursemer	nt this Pe	eriod
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C.	Spratt For Congress Committee							Date	of D	isburs	eme	nt			
	Mailing Address PO Box 830							0 <sup>M</sup> 2	М	/ D 2	28	/	2	o ŏ	7 <sup>Y</sup>
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Ed Royce For Congress				on ID: 13867 sbursement	226	
Mailing Address P.O. Box 2525			02	<sup>D</sup> 2 8 /	žoŏ	7
City Orange	State Zip Code CA 92859		Amount of	Each Disburs	sement this	Period
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٨.	Alan Mollohan For Congress Commi	ttee					Date of I	Disburse		v • v	· · · ·	V	
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Α.	Cooper For Congress Comm	ittee							Date o		sburs	ement	t		Υ
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	City Franklin		State TN	Zip Code 37068					Amou	nt o	f Each	Disb		ent this I	
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C.	Tom Feeney For Congress								Date o	_					
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Rodney Alexander For Congress Inc.		Date of Disbursement															
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Candidate Name Rep. Rodney Alexander		Category Type	/														
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3. Jim Costa For Congress	Full Name (Last, First, Middle Initial)  Jim Costa For Congress						332										
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	Sorensen For Congress						Date of Disbursement  O 2 M / D 2 B / Y Y Y O O 7							
	Mailing Address PO Box 1661													
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	Candidate Name Shelia Sorensen				ate Ty	gory/ pe	-							
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_	Full Name (Last, First, Middle Initial)						Tran	sact	ion ID	: 138	333820	)		
В.	New Democrat Coalition Political Action Committee						Date of Disbursement							
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C.	Yarmuth for Congress						isburs							
	Mailing Address 1815 Brownsboro Road Suite 100						$\begin{array}{c ccccccccccccccccccccccccccccccccccc$							
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